

REPORT OF MEDICAL EXAMINATION		1. DATE OF EXAMINATION (YYYYMMDD)		2. SOCIAL SECURITY NUMBER		
PRIVACY ACT STATEMENT						
<p>AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p>PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>						
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)		4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)		5. HOME TELEPHONE NUMBER (Include Area Code)		
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10. RACE <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White		
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN		12. AGENCY (Non-Service Members Only)		13. ORGANIZATION UNIT AND UIC/CODE		
14.a. RATING OR SPECIALTY (Aviators Only)		b. TOTAL FLYING TIME		c. LAST SIX MONTHS		
15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program		
16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) PHYSICAL EXAMS DEWITT ARMY HOSPITAL FT. BELVOIR, VA 22060 703-806-3395						
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)						
		Nor- mal	Ab- norm	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)	
17. Head, face, neck, and scalp						
18. Nose						
19. Sinuses						
20. Mouth and throat						
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)						
22. Drums (Perforation)						
23. Eyes - General (Visual acuity and refraction under items 61 - 63)						
24. Ophthalmoscopic						
25. Pupils (Equality and reaction)						
26. Ocular motility (Associated parallel movements, nystagmus)						
27. Heart (Thrust, size, rhythm, sounds)						
28. Lungs and chest (Include breasts)						
29. Vascular system (Varicosities, etc.)						
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)						
31. Abdomen and viscera (Include hernia)						
32. External genitalia (Genitourinary)						
33. Upper extremities						
34. Lower extremities (Except feet)						
35. Feet (See Item 35 Continued)						
36. Spine, other musculoskeletal						
37. Identifying body marks, scars, tattoos						
38. Skin, lymphatics						
39. Neurologic						
40. Psychiatric (Specify any personality deviation)						
41. Pelvic (Females only)						
42. Endocrine						
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class _____					35. FEET (Continued) (Circle category) Normal Arch Mild Asymptomatic Pes Cavus Moderate Pes Planus Severe Symptomatic	

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